

Federal Employees Health Benefits Program

Name of Carrier \_\_\_\_\_ No. \_\_\_\_\_

Address \_\_\_\_\_

Table A.1. Original Enrollment: Number of individuals  
by State, Option, and Type of Coverage

Part A. Both Options

State  (Employees's Residence)	Total Number Covered			Number Covered for			
	Total Number of Individuals (Col. 3 + 4)	Total No. of Employees (Col. 5 + 6)	Total No. of Dependents (Col. 7 + 8)	Self Only	Family		
					Number of Employees	Number of Dependents	
						Spouse	Children
Col. No. 1	2	3	4	5	6	7	8
Grand Total - U. S.							
Alabama							
Alaska							
etc.							

Part B. High Option - Same Table as Part A.

Part C. Low Option - Same Table as Part A.

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Table A. 2. ORIGINAL ENROLLMENT: Number of employees and dependents by age and option

AGE	Total Employees and Dependents			Number of Employees						Number of Dependents		
	Both Options	High Option	Low Option	Both Options		High Option		Low Option		Both Options	High Option	Low Option
				Male	Female	Male	Female	Male	Female			
	(3+4)	(7+8+12)	(9+10+13)	(7+9)	(8+10)					(12+13)		
Col. No. 1	2	3	4	5	6	7	8	9	10	11	12	13
Under 19												
19 - 34												
35 - 44												
45 - 54												
55 - 59												
60 - 64												
65 - 69												
70 and over												

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Table A.3. Original Enrollment: Number of Employees enrolled by  
Option and Type of Coverage, Sex and Marital Status

Option  Type of Coverage	Total Number of Employees			Male Employees			Female Employees		
	Total (5 + 8)	Married (6 + 9)	Single (7 + 10)	Total (6 + 7)	Married	Single	Total (9 + 10)	Married	Single
Col. No. 1	2	3	4	5	6	7	8	9	10
Total, both options									
Self only									
Family									
Family - Female employee with nondependent husband									
High Option, Total									
Self only									
Family									
Family - Female with nondependent husband									
Low Option, Total									
Self only									
Family									
Family - Female employee with nondependent husband									

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Table A. 4. Original Enrollment: Summary by Amount of Salary, Option and Type of Coverage

Salary	Total, both options				High Option				Low Option			
	Total	Self Only	Family	Family - Female employee with nondependent husband	Total	Self Only	Family	Family - Female employee with nondependent husband	Total	Self Only	Family	Family - Female employee with nondependent husband
	(3+4+5)	(7+11)	(8+12)	(9+13)	(7+8+9)				(11+12+13)			
Col. No. 1	2	3	4	5	6	7	8	9	10	11	12	13
Total												
Under \$4,000												
\$4,000-5,999												
\$6,000-9,999												
\$10,000 and over												

One short report

Due after enrollment is completed

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Table A. 5. Quarterly Summary of Enrollment: Number of enrolled employees and annuitants by option and type of coverage

Option and Type of Coverage	Total (Col. 3 & 4)	Number of Employees	Number of Annuitants		
			Total (Col. 5 & 6)	Employee - Annuitants	Survivor Annuitants
Col. No. 1	2	3	4	5	6
Total, both options					
Self only					
Family					
Family - Female with nondependent husband					
High Option, Total					
Self only					
Family					
Family - Female with nondependent husband					
Low Option, Total					
Self only					
Family					
Family - Female with nondependent husband					

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Table B. Conversions: Number of Conversions from coverage under the FEHB Program to nongroup individual contracts, by type of coverage

Type of FEHB Coverage	Number of Conversions			Number of Conversions by					
				Active Employees			Annuityants		
	Total (3+4)	Single Coverage (6+9)	Family Coverage (7+10)	Total (6+7)	Single Coverage	Family Coverage	Total (9+10)	Single Coverage	Family Coverage
Col. No. 1	2	3	4	5	6	7	8	9	10
Total, both options									
Self only									
Family									
Family - Female employee with non- dependent husband									
High Option, Total									
Self only									
Family									
Family - Female with nondependent husband									
Low Option, Total									
Self only									
Family									
Family - Female employee with non- dependent husband									

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C. Summary of transfers to this Health Benefit Plan or Option by previous plan and option

Code of Plan and Option	A. Total Transfers					
	Option of this Plan to which Enrollee has transferred					
From which Enrollee has transferred			Your Codes			
Total Transfers						

101  
102  
103  
104  
105  
106

201  
202  
203  
204  
205  
206

Carriers 30 - 44

1 }  
2 } Option  
3 } and  
4 } Coverage  
5 }  
6 }

50 - 63

1 }  
2 } Option  
3 } and  
4 } Coverage  
5 }  
6 }

80 - 87

1 }  
2 } Option  
3 } and  
4 } Coverage  
5 }  
6 }

B. Active Employee - Separate Table as above

C. Employee Annuitants - Separate Table as above

D. Survivor Annuitants - Separate Table as above

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